FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:	HD	DR-1	OF
☑ This is an initial* Statement of Organization		(Rev. 01/2006)	ORGANIZATION
This is an amended * Statement of Organization	and the state of t	For Office Use C	
*An initial Statement of Organization must be filed within 10 days of the comm	nittee's accepting contributions,	Comm. #	<u>viii</u> y
making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of Indexed			
a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open		Audited	
committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended DR-1 disclosing information concerning the campaign for the new office sought.		Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)			
Rob Grove for City Council Committee			
IMPORTANT: Indicate type of committee you are reporting for: [6			
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC			
(10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue(including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a ca	andidate's committee)
Name Kimberly S Grove	Name ↓ ↓		
Mailing Address 5821 Woodland Ave	Mailing Address ↓ ↓		
City, State J Zip Code, IA 50266	City, State ↓ ↓ Zip Code ↓ ↓		
Phone (515) 222-0878	Phone ()		
e-Mail e-Mail e-Mail e-Mail e-Mail			
Comment or description:		dvocate against ballo	
All Candidates Enter: Office Sought: West Des Moines City Council Ward 2	County/Local Candidates a		
County: POIK			
Political Party (if applicable) NP	(If active in multiple ballot iss	ue elections, attach li	st of counties
District: Senate 30 / House 060	Novemb	er 6, 2007	
Year Standing for Election: Date of Election: November 6, 2007			
Bank Account Name	Candidate name & Address or F	arent Entity (PACs.	if applicable),
	→ →	Affiliate, or Sponsor	
Rob Grove	Rob Grove		
Name of Financial Institution/type of Account ↓ ↓	Mailing Address ↓ ↓		
Liberty Bank	5821 Woodland Ave		
		0.1	_
Mailing Address ↓ ↓	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
6139 Ashworth Road	West Des Moines	lowa	50266
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone (515) 222-0878		
West Des Moines, IA 50266	rgrove0878@msn.cc	om	
	e-Mail Tgrovecoro@msn.cc		
STATEMENT OF AFFIRMATION: By filing this document the committee affir	ms the following:		
1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative			
rules in Chapter 351 of the Iowa Administrative Code.			
2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosi			
subjects the candidate or chairperson (in the case of committees other than a can imposition of other criminal and civil sanctions.	didate's committee) to the automatic a	ssessment of a civil pe	nalty and the possible
That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that wi			
does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form		purposes or using the	shorter paid for by and
4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the		all committees except f	or statewide and local hallot
issue PACs.			
5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25.			
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of			
dissolution (DR-3) has been filed.			
1. 4			
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Signature of Leaguery	10.93	.07	
Signature of Treasurer	10-99	Date Signed	
Signature of I reasurer Chart Signature of Candidate, OR, for all other committees, Chairperson	10-22	-07 Date Signed -2 -0 7	